

15-006 STANDARDS OF OPERATION AND CARE: To provide adequate protection to clients and be in compliance with state statutes, all respite care services licensed by the Department must meet the following:

15-006.01 Licensee: The licensee must determine, implement and monitor policies to assure that the service is administered and managed appropriately. The licensee's responsibilities include:

1. Maintain the respite care service's compliance with all applicable state statutes and relevant rules and regulations;
2. Ensure the quality of all services, and care provided to clients whether furnished by the respite care staff or through contract with the respite care service;
3. Ensuring clients are provided with a stable and supportive environment, through respect for the rights of clients and responsiveness to client needs;
4. Receiving periodic reports and recommendations regarding the quality assurance/performance improvement program; and
5. Ensuring that staff levels are sufficient to meet the clients' needs.

15-006.02 Person in Charge: The respite care service must designate a person to be in charge of the day to day operation of the respite care service. In a free standing respite care service site, the person must be onsite during the hours of operation.

15-006.03 Staff Requirements: The respite care service must maintain a sufficient number of staff with the required training and skills necessary to meet the client's requirements for assistance or provision of personal care, activities of daily living, health maintenance activities, supervision, and support health and safety. The service must provide care to clients in a safe and timely manner.

15-006.03A Employment Eligibility: Each respite care service must ensure and maintain evidence of the following:

15-006.03A1 Registry Checks: The respite care service must have evidence of contact to verify that each direct care staff has no adverse findings entered on the following Nebraska registries:

1. Nurse Aide Registry;
2. Adult Central Registry of Abuse and Neglect;
3. Child Central Register of Abuse and Neglect; and
4. State Patrol Sex Offender Registry

15-006.03A1a A respite care service must not employ or continue employment of any person as direct care staff who has adverse findings on the Nurse Aide Registry or the Sex Offender Registry.

15-006.03A1b A respite care service must determine whether to employ or continue employment of any person as direct care staff when adverse findings are evident on the Adult Central Registry of Abuse and Neglect or the Child Central Register of Abuse and Neglect.

15-006.03A2 Health Status: Each respite care service must establish and implement policies and procedures regarding the health status of staff to prevent transmission of disease to clients. The respite care service:

1. Must complete a health screening for each staff person prior to assuming job responsibilities.
2. May, in its discretion, based on the health screening, require a staff person to have a physical examination.

15-006.03B Staff Training: The respite care service must provide staff with sufficient training to meet client needs for care.

15.006.03B1 Orientation: The respite care service must provide staff with orientation prior to the staff person having direct responsibility for care and services to clients. The training must include:

1. Job duties and responsibilities;
2. Client rights;
3. Client service agreements;
4. Infection control practices including handwashing techniques, personal hygiene and disposal of infectious material;
5. Information on any physical and mental special care needs of the clients;
6. Emergency procedures and information regarding advanced directives;
7. Information on abuse, neglect and misappropriation of money or property of a client and reporting procedures; and
8. Disaster preparedness plans.

15-006.03B2 Ongoing Training: Each respite care service must provide and maintain evidence of ongoing/continuous inservices or continuing

education for staff. A record must be maintained including the date of the training, the topic and participants.

15-006.03C Staffing Resources: The respite care service must ensure that staffing resources and training are sufficient to meet the level of supervision and assistance with activities of daily living, personal care and health maintenance activities that are required by the clients.

15-006.03C1 Supervision: The respite care service must establish and implement policies and procedures regarding appropriate client supervision.

15-006.03D Employment Record: A current employment record must be maintained for each staff person. The record must contain at a minimum, information on orientation, inservices, employment eligibility information and health history screening.

15-006.03E Provision of Respite Care Services: The respite care service must provide staffing to ensure that services to clients are provided in a safe and timely manner to meet the needs of the client and in accordance with the instructions and direction of the caregiver.

15-006.04 Client Rights: Each respite care must protect and promote each client's rights. These include the establishment and enforcement of written policies and procedures to ensure the operations of the respite care service afford clients the opportunity to exercise their rights. At a minimum, each client must have the right to:

1. Respectful and safe care by competent personnel;
2. Be free from abuse, neglect, exploitation and to be treated with dignity;
3. Receive respite care services without discrimination based upon race, color, religion, gender or national origin;
4. Confidentiality of all records, communications and personal information;
5. Be free of chemical and physical restraints; and
6. Be informed of changes in agency policies, procedures and charges for service.

15-006.04A Designee/Caregiver Rights: At a minimum, each designee/caregiver must have the right to:

1. Be informed of any changes in the respite care service description as indicated in 175 NAC 15-006.05
2. Voice complaints without discrimination or reprisal against themselves or the client and have those complaints addressed;
3. Be informed of client and designee/caregiver rights during admittance; and
4. Be informed of changes in agency policies, procedures and charges for service.

15-006.04B Designee Rights: At a minimum, each designee must have the right to formulate advanced directives and have the respite care service comply with

the directives unless the respite care service notifies the designee of their inability to do so.

15-006.04C Complaints: Each respite care service must establish and implement a process of addressing all complaints received from clients, caregivers, designees, employees and others. The process includes, but is not limited to:

1. A procedure for submission of complaints that is made available to employees, clients or designee/caregiver; and
2. Time frames and procedures for review of complaints and provision of responses to address complaints.

15-006.05 Respite Care Service Description: The respite care must have a written description that is available to staff, clients, caretakers, designees and members of the public that explains the range of respite care services that can be provided. The description must include the following:

1. The goals and objectives of the respite care service;
2. The hours and days when care is provided;
3. The description of the types of clients to be served, including age, gender, care needs and any other relevant characteristics;
4. The composition of staff and their qualifications;
5. The job responsibilities of staff; and
6. The system used for the reporting, investigating, and resolving allegations of client abuse, neglect and exploitation.

15-006.06 Evaluations: The respite care service must evaluate each client and have a written agreement with the client or designee to delineate the services to be provided to meet the needs identified in the evaluation. The agreement must contain the following basic components:

1. Who will provide the service;
2. Where the service will be provided; and
3. Disclosure of liability insurance held by the respite care service, if any, and what the coverage provides.

15-006.07 Administration or Provision of Medications: Each respite care must establish and implement policies and procedures to ensure that clients receive medications only as legally prescribed by a medical practitioner in accordance with the five rights and with prevailing professional standards.

15-006.07A Methods of Administration of Medication: When the respite care is responsible for the administration of medication, it must be accomplished by the following methods:

1. Self-administration of Medications: Clients may be allowed to self-administer medications, with or without visual supervision, when the respite care determines that the client is competent and capable of doing so and has the capacity to make an informed

decision about taking medications in a safe manner. The respite care must develop and implement policies to address client self-administration of medication, including:

- a. Storage and handling of medications;
 - b. Inclusion of the determination that the client may self-administer medication in the client's individualized service plan; and
 - c. Monitoring the plan to assure continued safe administration of medications by the client.
2. Licensed Health Care Professional: When the respite care uses a licensed health care professional for whom medication administration is included in the scope of practice, the respite care must ensure the medications are properly administered in accordance with prevailing professional standards.
3. Provision of Medication by a Person other than a Licensed Health Care Professional: When the respite care uses a person other than a licensed health care professional in the provision of medications, the respite care must follow 172 NAC 95, Regulations Governing the Provision of Medications by Medication Aides and Other Unlicensed Persons and 172 NAC 96, Regulations Governing the Medication Aide Registry where applicable.

The respite care must establish and implement policies and procedures:

- a. To ensure that medication aides and other unlicensed persons who provide medications are trained and have demonstrated the minimum competency standards specified in 172 NAC 96-004;
- b. To ensure that competency assessments and/or courses for medication aides and other unlicensed persons are provided in accordance with the provision of 172 NAC 96-005.
- c. That specify how direction and monitoring will occur when the respite care allows medication aides and other unlicensed persons to perform the routine/acceptable activities authorized by 172 NAC 95-005 and as follows:
 - (1) Provide routine medication; and
 - (2) Provision of medications by the following routes:

- (a) Oral which includes any medication given by mouth including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays;
 - (b) Inhalation which includes inhalers and nebulizers, including oxygen given by inhalation;
 - (c) Topical applications of sprays, creams, ointments, and lotions and transdermal patches; and
 - (d) Instillation by drops, ointments, and sprays into the eyes, ears, and nose.
- d. That specify how direction and monitoring will occur when the respite care allows medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-007, which include but are not limited to:
 - (1) Provision of PRN medication;
 - (2) Provision of medications by additional routes including but not limited to gastrostomy tube, rectal, and vaginal; and/or
 - (3) Participation in monitoring.
- e. That specify how competency determinations will be made for medication aides and other unlicensed persons to perform routine and additional activities pertaining to medication provision.
- f. That specify how written direction will be provided for medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-007.
- g. That specify how records of medication provision by medication aides and other unlicensed persons will be recorded and maintained.
- h. That specify how medication errors made by medication aides and other unlicensed persons and adverse reactions to medications will be reported. The reporting must be:

- (1) Made to the identified person responsible for direction and monitoring;
- (2) Made immediately upon discovery; and
- (3) Documented in client records.

15-006.07B When the respite care is not responsible for medication administration or provision, the respite care must maintain responsibility for overall supervision, safety, and welfare of the client.

15-006.07C Reporting of Medication Errors: When the respite care service provides for medication administration or provision, the respite care service must have policies and procedures for reporting any errors in administration or provision of any medications by the service or its employee(s). Any variance from the five rights must be reported as an error:

1. To the client's licensed practitioner;
2. To the client's designee/caregiver;
3. In a timely manner upon discovery; and
4. By written report.

15-006.07D Storage of Medication: Except when the respite care service is provided in the client's home, all medications must be stored in secured areas and stored in accordance with the manufacturer's instructions for temperature, light, humidity, or other storage instructions. If children under the age of 13 are being served, all medications must be locked.

15-006.07E Access to Medication: Except when the respite care service is provided in the client's home, the respite care service must ensure that only authorized staff who are designated by the respite care service to be responsible for administration or provision of medications have access to medications.

15-006.07F Medication Record: The respite care service must maintain records with sufficient detail to assure that:

1. Clients receive the medications authorized by a licensed health care professional; and
2. The respite care service is alerted to theft or loss of medication.

15-006.07F1 Individual Client Record: Each client must have an individual medication administration record which must include:

1. Identification of the client;
2. Name of the medication given;
3. Date, time, dosage and method of administration for each medication administered or provided; and the identification of the person who administered or provided the medication; any refusal by the client; and
4. Client's medication allergies and sensitivities, if any.

EFFECTIVE DATE
May 18, 2003

NEBRASKA HEALTH AND HUMANS SERVICES
REGULATION AND LICENSURE

175 NAC 15

15.006.08 Client Information: Each respite care service must obtain written, accurate client information from the caregiver. Client information must be kept confidential.

15.006.08A Content: Client records must contain, when applicable, the following information:

1. Name of client
2. Gender of client
3. Date of birth of client
4. Licensed practitioner's orders where applicable
5. Significant medical conditions
6. Medications and any special diet
7. Allergies
8. Person to contact in emergency situations
9. Designated physician or registered nurse; and
10. Advanced directives if available.

15.006.08B Client Identification: The respite care service must establish policies and procedures for client identification when there are multiple clients at a site.